

City of Taunton

BODY ART ESTABLISHMENT PLAN REVIEW APPLICATION PACKET

NOTE: Separate Establishment Permits are issued for the following procedures:

(Please check and pay for all that apply)

☐ Tattoo \$200.00

☐ Other (☐ branding, ☐ body piercing, ☐ scarification)\$200.00

Proposed Establishment Name: _____

Date Received: _____

Date in 45 Days: _____

1. Prior to a Plan Review
2. Body Art Establishment Plan and Specification Review
3. Operation Specifications
 - (A) Physical Plant
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 - (C) Sanitization and Sterilization Measures and Procedures
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 - (E) Establishment Recordkeeping
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4. Body Art Establishment Permit Application
5. Standard Forms
 - I. Instructions for Aftercare
 - II. Taunton Board of Health Body Art Disclosure Statements
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 - IV. Taunton Board of Health Information (Complaint Procedure)
 - V. Emergency Telephone Numbers

PRIOR TO A PLAN REVIEW

1. Prior to a Plan Review you must complete this Body Art Establishment Plan Review Application packet and include the following items:
 - o a. A drawing of the floor plan (to scale) and site plan showing the location of equipment and trash storage
 - o b. Manufacturers specification sheets for each piece of equipment
 - o c. If you will not be using our model postings (included in this packet) for the Posting Requirements as set forth in the City of Taunton Board of Health Body Art Regulations, include your substitutes.
 - o d. Payment for the Body Art Establishment Plan Review Application Fee of \$50.00 made out to the “City of Taunton” (non-refundable)
 - o e. Payment (made separately from other fees) for an annual Tattoo Establishment Permit of \$200.00 made out the “City of Taunton”
 - o f. Payment (made separately from other fees) for an annual Branding/Piercing/Scarification Establishment Permit of \$200.00 made out to the “City of Taunton”
2. Following the submission of a *completed* Body Art Establishment Plan Review Packet, the Plan will be granted or denied by the Board within 45 calendar days.
3. Written plan approval must be received from the Taunton Board of Health *before* any work/construction is to begin.
4. Please note: This plan review packet applies to Board of Health procedures only. The applicant should check with all other applicable City Departments for their requirements/approval.
5. Should you have any questions, please feel free to contact us at (508) 821-1400.

BODY ART ESTABLISHMENT PLAN AND SPECIFICATION REVIEW

Date: _____

*In order for us to process your application it is essential that the applicant type or print **ALL** of the requested information.*

This Body Art Establishment and Specification Plan is a result of a:

Check all that apply:

- ☐ New Construction Project
- ☐ Remodel Project
- ☐ Conversion Project
- ☐ New Operation that is being added

-
1. Name of Establishment: _____
 2. Establishment Address: _____
 3. Establishment Telephone Number: _____
 4. Hours of Operation:
 - Monday: _____
 - Tuesday: _____
 - Wednesday: _____
 - Thursday: _____
 - Friday: _____
 - Saturday: _____
 - Sunday: _____
 5. Months of Operation: _____

-
1. Name of Owner: _____
 2. Owner's Mailing Address: _____
 3. Owner's Telephone Number: _____

-
1. Name of Applicant: _____
 2. Applicant's Mailing Address: _____
 3. Applicant's Telephone Number: _____
 4. Title/Relationship to Establishment: _____

-
1. 24 Hour Emergency Contact Name: _____
 2. 24 Hour Emergency Contact Telephone Number: _____

OPERATION SPECIFICATIONS

(A) Physical Plant

1. Body Art Stations

- Note that walls, floors, ceilings, and procedure surfaces shall be smooth, free of open holes or cracks, light-colored, washable, and in good repair
- Write n/a if not applicable

ITEM	STATION I	STATION II	STATION III	STATION IV
Indicate the types of materials to be used (i.e. quarry tile, stainless steel, sealed concrete, terrazzo, ceramic tile, durable grade of plastic, etc.) and the surface color				
Walls				
Partition(s)/Divider(s)				
Floor				
Ceiling				
Procedure Surface(s)				
Shelving				
Other _____				
Fill in the information				
Dimensions (ft.²)				
Check the appropriate answer				
Shielded Lighting	<input type="radio"/> yes <input type="radio"/> no	<input type="radio"/> yes <input type="radio"/> no	<input type="radio"/> yes <input type="radio"/> no	<input type="radio"/> yes <input type="radio"/> no
Area Screened from Public View	<input type="radio"/> yes <input type="radio"/> no	<input type="radio"/> yes <input type="radio"/> no	<input type="radio"/> yes <input type="radio"/> no	<input type="radio"/> yes <input type="radio"/> no
Hand Sink	<input type="radio"/> yes ___ wrist control ___ foot control ___ Hot/Cold H ₂ O <input type="radio"/> no	<input type="radio"/> yes ___ wrist control ___ foot control ___ Hot/Cold H ₂ O <input type="radio"/> no	<input type="radio"/> yes ___ wrist control ___ foot control ___ Hot/Cold H ₂ O <input type="radio"/> no	<input type="radio"/> yes ___ wrist control ___ foot control ___ Hot/Cold H ₂ O <input type="radio"/> no
Garbage	<input type="radio"/> yes ___ covered ___ foot operated <input type="radio"/> no	<input type="radio"/> yes ___ covered ___ foot operated <input type="radio"/> no	<input type="radio"/> yes ___ covered ___ foot operated <input type="radio"/> no	<input type="radio"/> yes ___ covered ___ foot operated <input type="radio"/> no

2. Other Areas

- Note that walls, floors, ceilings, and procedure surfaces shall be smooth, free of open holes or cracks, light-colored, washable, and in good repair
- Every cleaning area shall have an area for the placement of an autoclave or other sterilization unit located or positioned a minimum of 36 inches from the required ultrasonic cleaning unit
- Instrument and supply containers shall be kept in a secure area specifically dedicated to the storage of all instruments and supplies
- Write n/a if not applicable

ITEM	WALLS	FLOOR	CEILING	OTHER
Indicate the types of materials to be used (i.e. quarry tile, stainless steel, sealed concrete, terrazzo, ceramic tile, durable grade of plastic, etc.) and the surface color				
Cleaning Area				Distance from the nearest ultrasonic cleaning unit: ____ Number of ultrasonic cleaning units ____
Toilet Facility I				<input type="checkbox"/> fixed soap dispenser <input type="checkbox"/> fixed towel dispenser <input type="checkbox"/> foot operated waste receptacle <input type="checkbox"/> Hot/ Cold water
Toilet facility II				<input type="checkbox"/> fixed soap dispenser <input type="checkbox"/> fixed towel dispenser <input type="checkbox"/> foot operated waste receptacle <input type="checkbox"/> Hot/ Cold water
Janitorial Sink				Dimensions: L: _____ W: _____ H: _____
Storage I				List what will be stored: ____ _____ <input type="checkbox"/> Room <input type="checkbox"/> Closet
Storage II				List what will be stored: ____ _____ <input type="checkbox"/> Room <input type="checkbox"/> Closet
Storage III				List what will be stored: ____ _____ <input type="checkbox"/> Room <input type="checkbox"/> Closet
Waiting Area				List furniture: _____ _____

3. Insect and Rodent Harborage

a. Are all outside doors self-closing with rodent and insect proof flashing?

☐ Yes

☐ No

b. Are screen doors provided on outside doors for use in warm weather?

☐ Yes

☐ No

☐ Not applicable

c. Do all operable windows have a minimum of 16 mesh to the inch screening?

☐ Yes

☐ No

☐ Not applicable

d. Are all pipes, electrical conduit cases, ventilation system exhausts and intakes sealed and/or covered/protected?

☐ Yes

☐ No

☐ Not applicable

4. Contaminated Waste & Garbage and Refuse Inside

a. Contaminated Waste- Describe the following:

Storage: _____

Treatment: _____

Number: _____

Locations: _____

Frequency of pick-up: _____

Contractor: _____

• Note that contaminated waste shall be stored, treated, and disposed in accordance with 105 CMR 480.000: Storage and Disposal of Infectious or Physically Dangerous Medical or Biological Waste, State Sanitary Code, Chapter VIII

b. Will refuse be stored inside?

☐ Yes

Location: _____

☐ No

• Solid waste shall be stored in covered, leak-proof, rodent-resistant containers and shall be removed from the premises at least weekly

5. Garbage and Refuse Outside

a. Will a dumpster be used?

☐ Yes

Number: _____

Location: _____

Frequency of pick-up: _____

Contractor: _____

☐ No

b. Will cans be stored outside?

☐ Yes

☐ No

c. Describe the surface on which the dumpster/cans/compactor are to be stored: _____

- All outside refuse storage containers must be in an enclosed area and stored on or above a smooth surface that is made out of a nonabsorbent material that is in good repair.

6. Plumbing

- Contact the plumbing inspector with regard to any and all plumbing code issues

7. Water Supply

a. Type of water supply:

☐ Public

☐ Private

If private, has the source been approved?

☐ Yes (attach copy of written approval)

☐ No

☐ Pending

8. Customer Waiting Area/Nonprocedural Areas

a. Is the customer waiting area exclusive and separate from any workstation, instrument storage area cleaning area, or any other area in the body art establishment used for body art activity?

☐ Yes

☐ No

b. Will the establishment have a fish aquarium?

☐ Yes

If yes, describe location: _____

☐ No

9. Other Activity

- a. List all services that will be provided at the establishment: _____

- b. Are there any rooms used for human habitation?

☐ Yes

If yes, describe how the establishment space is separated: _____

☐ No

- c. Are there any food establishments or rooms where food is prepared?

☐ Yes

If yes, describe how the establishment space is separated: _____

☐ No

- d. Is there any hair salon?

☐ Yes

If yes, describe how the establishment space is separated: _____

☐ No

- e. Is there any retail sales activity?

☐ Yes

If yes, describe how the establishment space is separated: _____

☐ No

- f. Is there any other such activity that may cause potential contamination of work surfaces?

☐ Yes

If yes, describe how the establishment space is separated: _____

☐ No

(B) Single Use Items (Including Inks, Dyes, and Pigments)

1. Sharps Containers

- a. Does the establishment have approved sharps containers pursuant to 105 CMR 480.000 for immediate disposal of all single-use sharps?

☐ Yes

☐ No

- b. How many sharps containers does the establishment have? _____

- c. Describe where they will be located: _____

2. Products Applied to the Skin

- a. Will the items listed below be disposable?

i. Body art stencils

☐ Yes- Describe _____

☐ No- Explain _____

☐ Not applicable

ii. Applicators

☐ Yes- Describe _____

☐ No- Explain _____

☐ Not applicable

iii. Gauze

☐ Yes- Describe _____

☐ No- Explain _____

☐ Not applicable

iv. Razors

☐ Yes- Describe _____

☐ No- Explain _____

☐ Not applicable

v. Hollow bore needles

☐ Yes- Describe _____

☐ No- Explain _____

☐ Not applicable

vi. Needles with a cannula shell

☐ Yes- Describe _____

☐ No- Explain _____

☐ Not applicable

vii. Needles

☐ Yes- Describe _____

☐ No- Explain _____

☐ Not applicable

- viii. Paper cups or plastic caps for holding inks, dyes, or pigments
 - ☐ Yes- Describe _____
 - ☐ No- Explain _____
 - ☐ Not applicable
 - ix. Tubes
 - ☐ Yes- Describe _____
 - ☐ No- Explain _____
 - ☐ Not applicable
 - x. Other: _____
 - ☐ Yes- Describe _____
 - ☐ No- Explain _____
 - ☐ Not applicable
- b. Are the items listed below specifically manufactured for performing body art procedures?
- i. Inks
 - ☐ Yes- Describe _____
 - ☐ No- Explain _____
 - ☐ Not applicable
 - ii. Dyes
 - ☐ Yes- Describe _____
 - ☐ No- Explain _____
 - ☐ Not applicable
 - iii. Pigments
 - ☐ Yes- Describe _____
 - ☐ No- Explain _____
 - ☐ Not applicable
 - iv. Solid core needles
 - ☐ Yes- Describe _____
 - ☐ No- Explain _____
 - ☐ Not applicable
 - v. Other equipment: _____
 - ☐ Yes- Describe _____
 - ☐ No- Explain _____
 - ☐ Not applicable

(C) Sanitation and Sterilization Measures and Procedures

1. Non-disposable Instruments

- a. List all non-disposable instruments used for tattooing: _____
- _____
- _____
- _____
- _____

-
- b. The sterilizer packs the establishment will use contain:
- ☐ an internal temperature indicator
 - ☐ a sterilizer indicator
 - Note that sterilizer packs must be dated with an expiration date not to exceed six (6) months
- c. After sterilization, will non-disposable instruments used in tattoo procedures be stored in a dry, clean cabinet or other tightly covered container reserved for the storage of such instruments?
- ☐ Yes
 - ☐ No

2. Autoclave

- a. Autoclave Manufacturer: _____
- b. Autoclave Model Number: _____
- c. Autoclave Serial Number: _____
- d. Is the autoclave located away from any workstation or area frequented by the public?
- ☐ Yes
 - ☐ No
- e. Is a copy of the manufacturer's recommended procedures for the operation of the autoclave available at the establishment?
- ☐ Yes
 - ☐ No
- f. Is the autoclave capable of attaining sterilization (demonstrated by monthly spore destruction tests)?
- ☐ Yes (include a copy of the most recent spore destruction test conducted within the last 45 days)
 - ☐ No
 - Note that the permit shall not be issued or renewed until documentation of the autoclave's ability to destroy spores is received by the Board
- g. Name of the independent laboratory conducting the monthly spore destruction tests: _____
- h. Laboratory Telephone Number: _____

3. Jewelry
 - a. Check all materials that establishment jewelry is made of:
 - ☐ surgical implant-grade stainless steel
 - ☐ solid 14k or 18k white or yellow gold, niobium, titanium, or platinum
 - ☐ other- Describe: _____
4. Cloth Items
 - a. Will the establishment use reusable cloth items?
 - ☐ Yes- Describe: _____
 - ☐ No
 - b. Will reusable cloth items be mechanically washed with detergent and dried after each use?
 - ☐ Yes
 - ☐ No
 - ☐ Not applicable
 - c. Describe where cloth items will be stored: _____

(D) Posting Requirements

1. A Disclosure Statement which includes a Health History and Informed Consent (provided by the Taunton Board of Health at the end of this packet)
 - a. To be prominently displayed
 - b. To be given to each client
2. Board of Health Information (provided by the Taunton Board of Health at the end of this packet) including:
 - a. Name
 - b. Address
 - c. Telephone number
 - d. Procedure for filing a complaint
3. Emergency Plan (include a copy of the Plan with this application), including:
 - a. A plan for the purpose of contacting police, fire, or emergency medical services in the event of an emergency;
 - b. A telephone in good working order that is easily accessible to all employees and clients during all hours of operation; and
 - c. A sign at or adjacent to the telephone indicating the correct emergency telephone numbers.

4. An occupancy and use permit as issued by the local building official (include a copy of this permit with this application)

- The establishment should post a current Tattoo Establishment Permit and/or a Branding/Piercing/Scarification Establishment Permit and each Tattoo and/or Branding/Piercing/Scarification Practitioner Permit upon receipt from the Taunton Board of Health

(E) Establishment Recordkeeping

- The establishment shall maintain records on: establishment information, employee information (which shall include completion or denial of the Hepatitis B vaccination series), and client information (which shall be kept confidential) in a secure place on establishment premises for a minimum of three (3) years.
1. Have all body art practitioners either completed, or been offered and declined, in writing, the Hepatitis B vaccination series on a standard form (provided by the Taunton Board of Health at the end of this packet)?
 - ☐ Yes
 - ☐ No

(F) Injury Reports

1. I agree to forward a written report of any injury, infection complication, or disease to the Taunton Board of Health, with a copy to the injured client within five (5) working days of its occurrence or knowledge thereof, including:
 - a. The name of the affected client;
 - b. The name and location of the body art establishment involved;
 - c. The nature of the injury, infection complication, or disease;
 - d. The name and address of the affected client's health care provider, if any;
 - e. Any other information considered relevant to the situation.
 - ☐ Yes
 - ☐ No
-
-

Statement: I hereby certify that the above information is correct, and I fully understand that any deviation from the above without prior permission from the Taunton Board of Health may nullify this approval.

Applicant's Signature: _____ Date: _____
Print: _____

Approval of these plans and specifications by this Health Department does not indicate compliance with any other code, law, or regulations that may be required; federal, state, or local. It further does not constitute endorsement or acceptance of the completed establishment (structure or equipment). A pre-opening inspection of the establishment with equipment will be necessary to determine if it complies with the local laws governing tattoo establishments.

Standard Forms